

Appln No. 09/846,738
Amdt date July 24, 2003
Reply to Office action of April 24, 2003

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 24, 2003.

Signature



Appl No. : 09/846,738
Applicant : Bart-Jan Kortelling
Filed : April 30, 2001
Title : STEERABLE CATHETER WITH REINFORCED TIP

TC/A.U. : 3742
Examiner : Thor S. Campbell

Docket No. : 40198/DAD/W112

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068

Commissioner:

In response to the Office action of April 24, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the list of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

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Angela M. Beddawi
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Applicant : Bart-Jan Kortelling
Application No. : 09/846,738
Filed : April 30, 2001
Title : STEERABLE CATHETER WITH REINFORCED TIP

Grp./Div. : 3742
Examiner : Thor S. Campbell

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

JUL 30 2003
TECHNOLOGY CENTER R3700

PostOffice Box 7068
Pasadena, CA 91109-7068
July 24, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	29	*26	3	x \$9.00	3 x \$18.00	54
Independent Claims	2	** 3	0	x \$42.00	x \$84.00	0
Multiple Dependent Claims ***				\$140.00	\$280.00	0
TOTAL FILING FEE						54
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 1 and 31						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX-NON-FEE AMENDMENTS"						

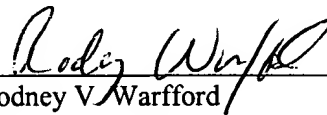
X _____ Attached is our check for \$54 to pay the fees calculated above.
_____ A Petition for Extension of Time and the required fee are enclosed.
_____ Other enclosures:

Amendment Transmittal Letter
Application No. 09/846,738

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
Rodney V. Warfford
Reg. No. 51,304
626/795-9900

RVW/amb

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